Exhibit 8

PLAINTIFF HARFORD COUNTY BOARD OF EDUCATION OPPOSITION TO DEFENDANTS' MOTION FOR SUMMARY JUDGMENT (HARFORD) (SD MSJ NO. 6)

Case No.: 4:22-md-03047-YGR
MDL No. 3047
Member Case No.: 4:23-cv-03065-YGR
In Re: Social Media Adolescent Addiction/Personal Injury Products Liability Litigation

Expert Report of

Dr. Sharon A. Hoover, PhD

May 16, 2025

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I.   Executive Summary of Expert Opinions

1.   I have been retained as an expert by the Plaintiffs' Steering Committee in this matter to analyze the impact of student social media use on school districts, schools, the school environment, and student mental health and learning and to develop a comprehensive, district-led strategic plan to prevent and mitigate the negative impact of student social media use on school districts, schools, the school environment, student well-being and learning.[1] My opinions as reflected in this report draws on my more than 25 years of experience as a clinician, researcher, and consultant in child and adolescent mental health within school settings; my extensive dialogue with educators, administrators, and school mental health staff across the 12 bellwether school districts and other districts across the United States; and my review of the scientific literature and other experts' reports in this litigation, including the May 16, 2025 expert reports of: Dimitri Christakis, M.D., M.P.H, Dr. Ramin Mojtabai, M.D., Ph.D., MPH, Eva Telzer, Ph.D, Anna Lembke, M.D., Dr. Jean M. Twenge, Ph.D, and Gary Goldfield, Ph.D.

2.   Based on the available evidence and my professional expertise, I offer the following expert opinions to a reasonable degree of scientific certainty. My testimony is based upon the information and data presently available to me. I reserve the right to amend or supplement these opinions if new or different information becomes available.

3.   **Opinion 1.** The use of social media presents several real and observable harms to students' functioning, including negative impacts on their ability to effectively learn and succeed in school and on their mental health and overall well-being.

4.   **Opinion 2**. Based on my experience and as corroborated by the expert reports of Dimitri Christakis, M.D., M.P.H, Dr. Ramin Mojtabai, M.D., Ph.D., MPH, Eva Telzer, Ph.D, Anna Lembke, M.D., Dr. Jean M. Twenge, Ph.D, and Gary Goldfield, Ph.D, harms associated with students' social media use include:

-    Increased distraction from instruction and decreased academic focus and learning

-    Erosion of in-person social skills development

-    Diminished teaching effectiveness

-    Detrimental effects on student mental health, including:

  o   Disrupted sleep patterns
  o   Increased symptoms of anxiety, depression, and self-harm
  o   Greater levels of body dissatisfaction and negative self-comparison

5.   **Opinion 3.** The cumulative negative impacts of student social media use on school districts, schools, and the school environment, as well as on students' mental health and

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[1] I plan to serve case-specific experts reports detailing this strategic plan for the following school districts on May 19, 2025: Baltimore City Public Schools, Board of Education Harford County, Board of Education of Jordan School District, Breathitt County Board of Education, Charleston County School District, Dekalb County School District, Irvington Public Schools, Saint Charles Parish Public Schools, School District of the Chathams, Spartanburg 6 School District, The School Board of Hillsborough County, Florida, and Tucson Unified School District.

learning, have required school districts and schools to expend and redirect already limited resources. Districts and schools are increasingly tasked with:

- Addressing mental health challenges arising from student social media use

- Educating students on the risks and responsible use of social media

- Managing behaviors such as distraction during instruction, peer conflict, and emotional dysregulation and addiction as a result of social media

- Navigating strained family-school partnerships, with social media-related concerns dominating time meant for educational engagement

6.   **Opinion 4.** The damaging effects of student social media use on school districts, schools, the school environment, student well-being and learning can be addressed, in part, through comprehensive school mental health systems. These systems should integrate a 15-year comprehensive, district led strategic plan that includes the following, with a focus on social media:

- Social media policies to promote healthy social media use and prevent and mitigate its harms

- Accessible, evidence-based mental health supports and services for students

- Mental health literacy

- Digital literacy education embedded in curriculum

- Life skills programming

- Anti-cyberbullying and restorative practice programming

- Robust family engagement and education efforts

7.   **Opinion 5**. A 15-year timeline is both a reasonable and necessary duration for implementing a comprehensive, district-led strategic plan to prevent and mitigate the negative impact of social media on school districts, schools, the school environment, student well-being and learning. The 15-year period allows for the full cycle of planning, implementation, evaluation, and sustainability. Grounded in public health precedent—such as the 15-year decline in youth tobacco use—this timeline aligns with implementation science indicating that meaningful, system-wide change requires 10-15 years.[2] It enables districts to follow a full K-12 student cohort, supporting developmental alignment and longitudinal impact assessment. The plan supports phased integration into existing frameworks like Multi-Tiered Systems of Support (MTSS), capacity-building for specialized staff, and data infrastructure development. Importantly, it allows for continuous adaptation to the evolving social media landscape and allocates dedicated time at the end of the plan to institutionalize effective strategies, ensuring sustainability beyond initial funding or leadership cycles. With sustained implementation of this

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[2] United States. Public Health Service. Office of the Surgeon General, National Center for Chronic Disease Prevention, & Health Promotion (US). Office on Smoking. (2012). *Preventing tobacco use among youth and young adults: A report of the surgeon general*. US Government Printing Office.

comprehensive, multi-tiered approach, it is reasonable to expect a steep and sustained reduction in the negative impacts of social media on school districts, schools, the school environment, student well-being and learning over the 15-year period, similar to the successful outcomes seen in other long-term public health initiatives.

8.   **Opinion 6.** Existing staffing and programming are insufficient to address the complex impacts of social media on students' mental health, learning, and the school environment. School districts are already stretched too thin, and those efforts have been piecemeal, underfunded, and inconsistently implemented. A comprehensive and sustainable plan requires new, dedicated staffing and professional development to ensure high-quality, consistent implementation and to avoid further strain on core educational and mental health efforts. Without these investments, districts risk perpetuating ineffective approaches and sustained challenges to their mission to provide a safe, supportive learning and school environment.

9.   **Opinion 7.** A secure, interoperable data system is essential to effectively identify, triage, and monitor students with mental health concerns—including those related to social media use—across school and community settings. Because many school district's existing data systems are fragmented, incomplete, and often not integrated with mental health and academic tracking, a multi-phase, 15-year plan is necessary to build stakeholder buy-in, design and implement a system that meets privacy and interoperability standards, pilot and refine its use, and scale it district-wide with fidelity. Without this structured and long-term investment in infrastructure, districts will lack the capacity to coordinate services, evaluate impact, and make data-informed decisions to prevent and mitigate the harms caused by social media.

10.   **Opinion 8.** A comprehensive evaluation plan is required to systematically measure the effectiveness, fidelity, and impact of the district's multi-tiered strategy to prevent and mitigate the negative impact of social media on school districts, schools, the school environment, student learning and mental health. Ongoing evaluation is needed to ensure that multi-tiered supports are implemented with quality, that short- and long-term outcomes are achieved, and that interventions are adjusted based on real-time data.

11.   In summary, social media's design and use among students contribute to tangible and widespread challenges to school districts, schools, the school environment, and student mental health and learning. These impacts are real and observable, and they place a significant burden on educational systems and school districts. A 15-year district-led strategic plan to implement comprehensive school mental health efforts is critical to prevent and mitigate these harms and promote safe, supportive learning environments.

II.   Expert Background and Qualifications

12.   I am a Professor of Child and Adolescent Psychiatry at the University of Maryland School of Medicine and a licensed clinical psychologist. I also serve as Co-Director of the National Center for School Mental Health (NCSMH), a federally funded technical assistance and research center devoted to advancing high-quality school mental health systems in the United States. I have been on the faculty at the University of Maryland since 2004. A true and correct copy of my curriculum vitae is attached as Exhibit A.

13.   I received my Bachelor of Science in Psychology from Miami University in 1996 and my Doctorate in Clinical Psychology from the University of Maryland Baltimore County in 2002. I completed my clinical internship and postdoctoral fellowship in child clinical and community psychology at the University of Maryland School of Medicine.

14.   I have been a licensed psychologist in the State of Maryland since 2004. I have spent over two decades specializing in school mental health, trauma-informed care, youth suicide prevention, and implementation of evidence-based practices in educational settings. I have provided training and consultation to schools, districts, and state education agencies nationwide on building and sustaining comprehensive school mental health systems.

15.   Since 2010, I have co-directed the NCSMH, which is recognized as a national leader in school mental health policy, research, training, and technical assistance. Under my leadership, NCSMH has partnered with the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the U.S. Department of Education on multiple initiatives.

16.   In my role as Co-Director of the NCSMH, I have co-hosted the Annual Conference on Advancing School Mental Health for 15 years, convening thousands of researchers, practitioners, and state and local education and behavioral health leaders from across the United States and internationally to share and learn best practices in comprehensive school mental health. For the past 12 years, I have co-hosted a pre-conference School Mental Health Research Summit, convening some of the most esteemed and well-published school mental health scholars to discuss and innovate research topics and methodologies.

17.   I have delivered over 600 professional presentations, frequently serving as keynote presenter or panelist on national webinars and panel discussions focused on youth mental health and school well-being, including the effects of social media on student learning, school environment, and mental health outcomes. These presentations have been hosted by federal agencies, professional associations, and national advocacy organizations, and are regularly attended by educators, school mental health professionals, policymakers, and researchers. Through these platforms, I have translated scientific findings into actionable guidance for the field, helping school communities understand and respond to the complex and evolving challenges of youth mental health, including those associated with students' use of social media.

18.   I have served as Principal Investigator (PI) or Co-Investigator on numerous federal and state grants related to child and adolescent mental health, including the Mental Health Technology Transfer Center (MHTTC) Network, the National Quality Initiative on School Health, and multiple studies examining the implementation and impact of school-based mental health programs. My work includes oversight of large-scale training and evaluation projects across diverse educational systems.

19.   I have led or co-led the development of several nationally disseminated tools and resources including the School Health Assessment and Performance Evaluation (SHAPE) system and the National School Mental Health Best Practices: Implementation Guidance

Modules for States, Districts, and Schools. These tools have been adopted by thousands of schools and districts to guide and improve their mental health supports.

20.   My scholarship includes over 90 peer-reviewed journal articles, numerous book chapters and policy briefs, and three school mental health intervention manuals. I frequently publish on topics including trauma, social-emotional learning (also known as life skills), comprehensive school mental health, and MTSS.

21.   I have provided expert consultation to federal, state, and local agencies on matters related to school mental health policy and implementation. I have testified before national and state legislative bodies, including the U.S. Senate, and served as an advisor to the U.S. Department of Education, U.S. Department of Health and Human Services, and the World Health Organization.

22.   I have received several awards for my contributions to the field of child and adolescent mental health, including the American Academy of Child and Adolescent Psychiatry (AACAP) Sidney Berman Award for the School-Based Study and Treatment of Learning Disorders and Mental Illness and the Paula Hamburger Award, awarded annually by the Mental Health Association of Maryland to "Honor a Champion for Children."

23.   I have presented at hundreds of national and international conferences and have trained thousands of educators, mental health professionals, and policymakers on comprehensive school mental health practices. My career has been devoted to promoting the mental health of children and adolescents by building bridges between education and behavioral health systems.

24.   My hourly rate is $625 per hour. My compensation is not dependent on the outcome of this litigation. My analysis is ongoing, and I reserve the right to supplement and amend my opinions based on emerging scientific information and new materials, testimony, and discovery that becomes available to me after the disclosure of my report.

III.   Methodology

25.   In forming the opinions in this report, I have relied on my graduate training, more than 25 years of clinical, research, and technical assistance experience, my own research on comprehensive school mental health systems, my review of documents and scientific literature, interviews with key informants from the school districts, and direct interactions with state and local education leaders, including district and school administrators, teachers, and school mental health and health professionals.

26.   Interactions with state and local education leaders have been a consistent and frequent part of my role as a Professor and Co-Director of the National Center for School Mental Health. This work has involved ongoing collaboration with district and school administrators, teachers, school mental health clinicians, and student support personnel to develop, implement, and evaluate school-based mental health systems. These interactions have informed my understanding of real-world implementation challenges and best practices related to improving school and classroom environments and to the identification, triage, and support of students experiencing mental health difficulties, including those arising from social media use.

27.   Opinions in this report were also informed by scientific literature on the subject matter, using literature review methods that are a regular and ongoing part of my practice. I routinely utilize academic search engines (e.g., PubMed, PsycINFO, Google Scholar) to identify relevant scientific literature using different combinations of key words such as "school mental health, student well-being, social emotional competencies, academic functioning, school environments, classroom environments, trauma, adverse childhood experiences, anxiety, depression, and suicide." I am also regularly alerted to new school mental health research via programmed scholarship alerts and in my role on the Editorial Board of the School Mental Health journal.

28.   In short, the conclusions and recommendations presented in this report are grounded in both the scientific evidence base and my understanding based on 25 years of experience in the field of the practical implementation experience necessary to guide feasible, effective, and sustainable solutions within the school district context.

29.   I hold the opinions stated in this report to a reasonable degree of scientific and professional certainty.

IV.   Impacts of social media on the school environment, student mental health and learning

A.   Background

30.   Today's youth are frequently on social media. Studies show that nearly 95% of teenagers and 40% of children aged 8 to 12 use social media in some form.[3,4] According to a recent Pew Research Center report, over a third of teens say they are using the top five online platforms (YouTube, TikTok, Instagram, Snapchat and Facebook) "almost constantly."[5] Social media use is prevalent during school hours, with social media use taking up the highest proportion of phone use amongst students relative to other uses (e.g., gaming, music, reading) during the school day.[6]

31.   Social media engagement is no longer confined to middle and high school students, but begins as early as elementary school. A 2024 national poll conducted by Michigan Medicine found that approximately one-third of children aged 7 to 9 are using social media applications, and half of children aged 10 to 12 engage with social media

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[3] Raffoul, A., Ward, Z., Santoso, M., Kavanaugh, J., & Austin, S. (2023). Social media platforms generate billions of dollars in revenue from U.S. youth: Findings from a simulated revenue model. *PLoS ONE, 18*(12), e0295337.

[4] Office of the Surgeon General. (2023). Social media and youth mental health: The U.S. Surgeon General's advisory.

[5] Vogels, E. A., Gelles-Watnick, R., & Massarat, N. (2022). Teens, social media and technology 2022. *Pew Research Center*, *10*.

[6] Radesky, J., Weeks, H.M., Schaller, A., Robb, M., Mann, S., and Lenhart, A. (2023). Constant Companion: A Week in the Life of a Young Person's Smartphone Use. San Francisco, CA: Common Sense.

platforms regularly.[7] Similarly, Qustodio's 2024 annual report on children's online habits indicated that substantial percentages of tweens (ages 9 to 12) reported using platforms such as YouTube, TikTok, Instagram, and Snapchat.[8] These findings demonstrate that exposure to the risks associated with social media begins well before adolescence.

32.   The use of social media has also been associated with several negative impacts on mental health and well-being, including increased risk of anxiety, depression, and low self-esteem. The risk for harm social media poses to children and adolescents is notable given the highly sensitive period of brain development during this developmental stage.[9],[10]

33.   Student use of social media presents several harms to students' functioning, including negative impacts on their ability to effectively learn and succeed in school and on their mental health and well-being. The damaging impacts of social media use on school districts, schools, the school environment, student well-being and learning can be addressed, in part, through comprehensive school mental health systems. These systems should integrate a 15-year comprehensive, district led strategic plan that includes the following, with a focus on social media: social media policies to promote healthy social media use and prevent and mitigate its harms; accessible, evidence-based mental health supports and services for students; mental health literacy; digital literacy education embedded in curriculum; life skills programming; anti-cyberbullying and restorative practice programming; and robust family engagement and education efforts.

34.   Social media can have a pervasive negative impact on schools and the school environment, leading to increased distractions, reduced academic focus, and heightened incidents of cyberbullying that often spill over into school dynamics. In this report, the term "school environment" is used to encompass both school climate (the quality and character of school life, including relationships, teaching and learning practices, and organizational structures) and school environment (the physical, social, and psychological conditions that affect the health and safety of students and staff). Students may experience heightened social pressure, peer competition, and stress linked to online interactions on defendants' social media platforms, which can affect their mental health, motivation, and engagement in school activities. Furthermore, sleep disruption from social media use results in fatigue and impaired cognitive function, diminishing academic performance. These challenges place additional strain on school resources and create a more fragmented, judgmental atmosphere, weakening the sense of community and well-being within the school.

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[7] Michigan Medicine. (2024). *One-third of children ages 7–9 use social media apps.* University of Michigan Health Lab.

[8] Qustodio. (2024). *Annual Report: Children's Digital Habits 2024.* Business Insider summary.

[9] Fuhrmann, D., Knoll, L. J., & Blakemore, S. J. (2015). Adolescence as a Sensitive Period of Brain Development. *Trends in cognitive sciences*, 19(10), 558-566.

[10] Blakemore, S. J., & Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? Annual review of psychology, 65, 187-207.

B.   Student Distractions and Academic Focus, Learning and Performance

35.   A substantial body of research highlights social media as a significant source of distraction for students, negatively impacting their academic focus and performance. Adolescents experience greater distraction when spending more time on social media, hindering their ability to concentrate on academic tasks.[11] The anxiety stemming from being disconnected from social media exacerbates distractions, as students often become preoccupied with their online interactions while attempting to study.[12] This behavior is closely tied to the "Fear of Missing Out" (FoMO), which drives students to frequently check their devices, disrupting academic activities.[13]

36.   Recent research indicates a range of average student use of social media on smartphones during the classroom day, of which even the lowest end is problematic.

37.   A 2025 JAMA Pediatrics report noted that students spend an average of 1.5 hours on smartphones during the 6.5 hours of school, with over a quarter of adolescents spending more than 2 hours on their smartphones during school hours.[14] The report prepared by Dr. Telzer indicates that this number may undercount actual usage and includes data showing that, during school instruction hours, adolescents spent 2.7 hours total on their phones—equivalent to 39% of instructional time.[15]

38.   Whether the average is closer to 1.5 hours or 2.7 hours in a given classroom day, there is little question that this excessive class-day usage distracts from students' focus on instruction. According to a 2024 Pew Research survey, over 70 percent of high school teachers report that cellphones are a "major problem in their classroom."[16]

39.   Further, there is little question that this excessive phone use is caused by social media. Prior studies indicate that over the majority of cellphone use during school hours is on social media (including YouTube), suggesting that most distractions during the school day related to cellphones is due to social media use.[6][17] Analysis of app use following phone pickups during class periods revealed that 45% of use was for Snapchat alone,

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[11] Siebers, T., Beyens, I., Pouwels, J., & Valkenburg, P. (2021). Social media and distraction: an experience sampling study among adolescents. Media Psychology, 25(3), 343-366.

[12] Dontre, A. (2020). The influence of technology on academic distraction: a review. Human Behavior and Emerging Technologies, 3(3), 379-390.

[13] Shane-Simpson, C. and Bakken, T. (2022). Students' fear of missing out predicts in-class social media use. Teaching of Psychology, 51(2), 141-150.

[14] Christakis, D. A., Mathew, G. M., Reichenberger, D. A., Rodriguez, I. R., Ren, B., & Hale, L. (2025). Adolescent Smartphone Use During School Hours. *JAMA pediatrics*.

[15] 2025.05.16 Expert Report of Eva Telzer, Ph.D p. 127.

[16] Hatfield, J. (June 12, 2024). 72% of U.S. high school teachers say cellphone distraction is a major problem in the classroom. Pew Research Center.

[17] Radesky, J., Weeks, H.M., Schaller, A., Robb, M., Mann, S., and Lenhart, A. (2023). *Constant Companion: A Week in the Life of a Young Person's Smartphone Use*. San Francisco, CA: Common Sense.

making clear that entertainment and social connectivity—not educational engagement—drive in-class device use.[18]

40.   Findings revealed that application usage was incongruous with the purpose of communication and learning during school. Longitudinal evidence suggests that heavy social media use during school or school activities predicts decreases in adolescents' academic performance.[19]

41.   Cognitive distraction has been identified as a mediator between social media multitasking and academic outcomes, demonstrating that higher engagement with social media while studying correlates with worse academic results.[20] Social media use reduces time spent on activities that promote academic success, leading to decreased focus and productivity.[21] Further, students frequently give in to the urge to check messages, disrupting their concentration and hindering their ability to stay engaged in academic activities.[22] Similarly, excessive social media use often results in poor time management, making it difficult for students to balance their online interactions with academic responsibilities.[23] This imbalance contributes to declines in academic performance. Supporting these findings, students often spend time on non-academic social media activities, which detract from their educational efforts and further exacerbate the issue of distractions.[24]

42.   The report submitted by Dr. Eva Telzer indicates that social media distractions during class significantly impair academic performance and attentional control. In particular, Dr. Telzer describes a longitudinal study that found that adolescents who used media more often during academic activities (including homework) had increased difficulties with focus and attention during academic tasks over time. She further highlights that the link

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[18] 2025.055.16 16 Expert Report of Eva Telzer, Ph.D.

[19] Van Den Eijnden, R., Koning, I., Doornwaard, S., Van Gurp, F., & Ter Bogt, T. (2018). The impact of heavy and disordered use of games and social media on adolescents' psychological, social, and school functioning. *Journal of behavioral addictions*, *7*(3), 697-706.

[20] Lei, Z. (2023). Social media multitasking and college students' academic performance: a situation–organism–behavior–consequence perspective. Psychology in the Schools, 60(9), 3151-3168.

[21] Chandrasena, P. and Ilankoon, I. (2022). The impact of social media on academic performance and interpersonal relations among health sciences undergraduates. Journal of Education and Health Promotion, 11(1), 117.

[22] Nafisah, A. (2024). The effect of social media on students' school life in Indonesia. Acta Pedagogia Asiana, 3(2), 80-90.

[23] Maqableh, M., Rajab, L., Quteshat, W., Masa'deh, R., Khatib, T., & Karajeh, H. (2015). The impact of social media networks websites usage on students' academic performance. Communications and Network, 07(04), 159-171.

[24] Kolhar, M., Kazi, R., & Alameen, A. (2021). Effect of social media use on learning, social interactions, and sleep duration among university students. Saudi Journal of Biological Sciences, 28(4), 2216-2222.

between media-multitasking and academic performance is specific to social media use, citing a study that social media was the unique type of classroom phone use related to students' lower test scores.[25]

43.   Dr. Telzer's report also identifies frequent social media checking as disrupting sustained classroom attention. Phone-checking behavior also highlights the depth of digital distraction: teens check their phones an average of 65 times during the school day, with some checking up to 143 times, creating frequent interruptions that erode the ability to sustain attention in academic settings.[26] Yet another study that looked at smartphone usage during a 24-hour period provided further evidence that adolescents are regularly picking up their phones during school hours.[27]

FIGURE 8. Hour-by-hour plots (from midnight to midnight) of average smartphone pickups*, split by age group

*Median is the value that 50% of the users are under and 50% are over. IQR is the Interquartile Range, which is the middle 50% of users, with 25% of users under the first value and 25% of users over the second value. Dot shows the median value; line shows IQR.
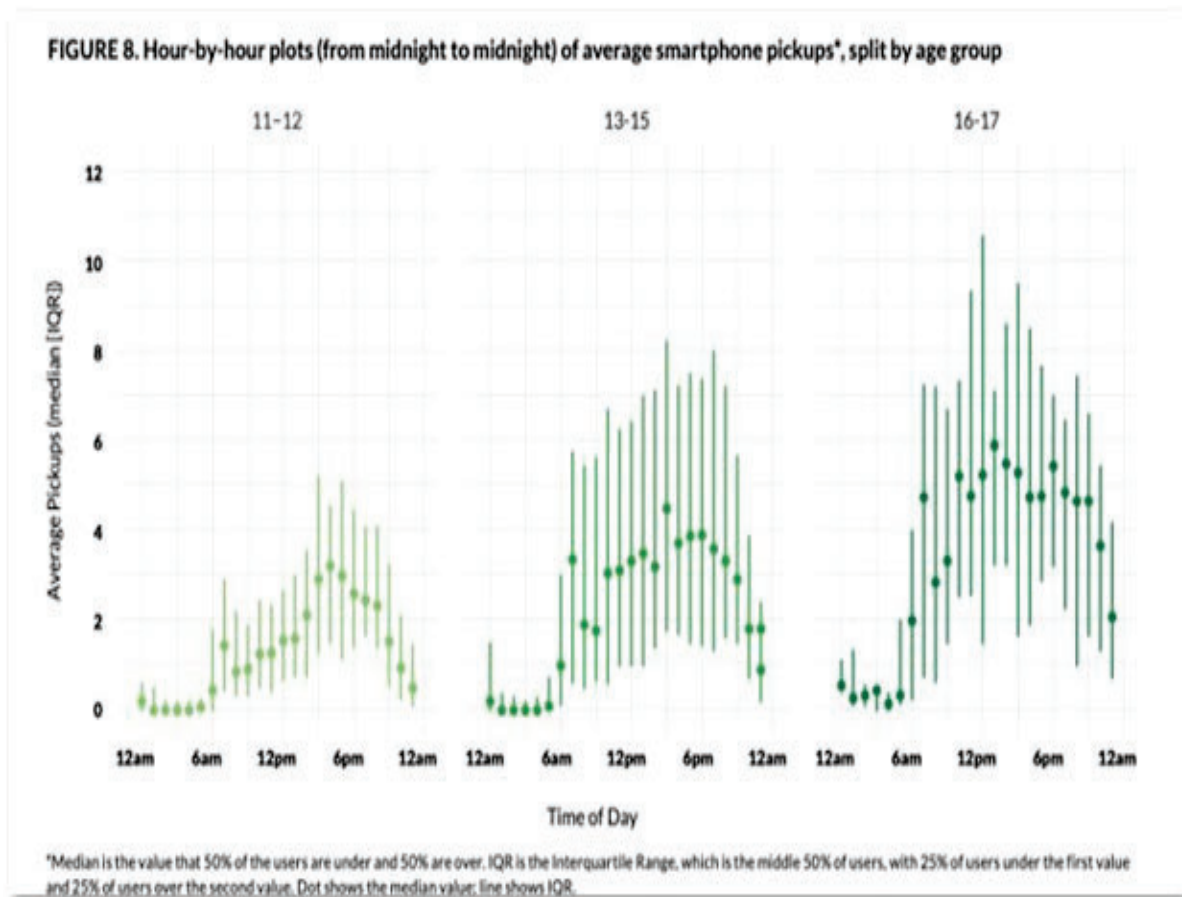
44.   These patterns are also described in the expert report I reviewed by Dr. Dimitri Christakis who describes a detailed study using Android and iOS data finding that U.S. teens aged 13–18 spend a total of over 105 minutes per day using TikTok, Instagram, YouTube,

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[25] 2025.05.16 Expert Report of Eva Telzer, Ph.D. at 160.

[26] 2025.05.16 Expert Report of Eva Telzer, Ph.D at p. 150.

[27] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 152 (citing Radesky, J., Weeks, H. M., Schaller, A., Robb, M., Mann, S., & Lenhart, A. (2023) *Constant Companion A Week in the Life of a Young Person's Smartphone Use.* Common Sense Media.

Snapchat, and Facebook on their phone, further detracting from academic focus and classroom participation.[28]

45.   First-hand reports from educators echo these findings. In a series of 2024 Education Week articles on the impact of digital technology and social media on student well-being, many teachers report that social media use interferes with their teaching and students' learning. While the Education Week series noted a divide amongst educators about total cell phone bans in schools, there was broader consensus that the excessive social media platform notifications pose a significant challenge to teacher effectiveness and student learning.[29]

46.   Together, these studies and direct experiences of administrators and teachers underscore the detrimental impact of social media on students' academic performance and concentration.

C.   Student Social Skills and Face-to-Face Interactions

47.   Social media use can have a detrimental impact on adolescents' social skills. A 2022 systematic review revealed a significant increase in social media addiction among adolescents.[30] Findings indicated that heavy reliance on social media for communication reduced face-to-face interaction skills and negatively impacted overall well-being. An overwhelming need to stay connected online further distanced students from in-person social experiences.

48.   Many educators describe that increased social media use has decreased meaningful face-to-face interactions among their students. This is consistent with research demonstrating that as digital media consumption has grown, in-person social engagement has notably declined.[31] A significant reduction in activities such as dating and spending time with friends points to a displacement effect in which time spent on social media replaces opportunities for real-world social interaction. This decline in face-to-face connections is linked to heightened feelings of loneliness and social isolation among adolescents.

49.   Recent evidence suggests that teens are spending up to 25% of the school day on their phones, dramatically reducing time available for peer-to-peer engagement that is essential for social development and emotional learning.[32] The compulsive nature of digital media use also contributes to a fragmented social environment. During the day as a whole,

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[28] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 278-79.

[29] Hayes, I., & Prother, A. (June 5, 2024). *To ban or not to ban? Educators, parents, and students weigh in on cellphones*. Education Week.

[30] Marciano, L., Ostroumova, M., Schulz, P., & Camerini, A. (2022). Digital media use and adolescents' mental health during the covid-19 pandemic: a systematic review and meta-analysis. Frontiers in Public Health, 9.

[31] Twenge, J., Spitzberg, B., & Campbell, W. (2019). Less in-person social interaction with peers among U.S. adolescents in the 21st century and links to loneliness. Journal of Social and Personal Relationships, 36(6), 1892-1913.

[32] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 279.

adolescents now check their phones an average of 112 times—with some reaching over 500 pickups—which interrupts the flow of in-person conversations and prevents students from forming or deepening real-life peer relationships.[33]

50.   While it might appear that engagement with social media could foster connections amongst adolescents, it often leads to shallow and superficial relationships. A national survey found that 52% of teens reported sometimes or often missing social media when not using it, to the point that it interfered with daily activities—indicating a growing preference for digital validation over authentic human interaction.[34] Adolescents frequently prioritize online communication over meaningful, in-person interactions, impeding the development of critical social skills.[35] This emphasis on surface-level online relationships can contribute to feelings of inadequacy and anxiety in social settings, further complicating adolescents' ability to engage effectively in direct communication.

51.   Social skill deficits and decreased quantity and quality of face-to-face interactions contributes to a fragmented and less collaborative classroom environment. Collaborative activities in school, including classroom reflections and group projects, rely on effective communication. Poor interpersonal skills hinder teamwork, limit participation, and cause frustration among teachers and student peers. Reduced conflict-resolution skills due to limited face-to-face interaction may also make it harder to navigate disputes that inevitably arise in the school context. Teachers report finding it more challenging to connect with students who lack basic communication skills or who are disengaged due to social media use, weakening the teacher-student bond essential for a positive learning environment.

52.   The report submitted by Dr. Ramin Mojtabai highlights concerns that excessive immersion in social media may contribute to a reduction in face-to-face peer interactions, physical activity, and engagement in school-related tasks, all of which are critical for adolescent development.[36]

D.   Teaching Effectiveness and Classroom Dynamics

53.   As discussed in the preceding sections, student social media use can significantly disrupt classroom dynamics, making it challenging for teachers to teach effectively. Teachers frequently struggle to maintain students' focus and engagement due to their preoccupation with online activities. Social media also impacts teacher-student relationships, as students' distractions can strain the rapport necessary for a supportive and effective learning environment. This disengagement not only weakens connections between teachers and students but also complicates classroom management. Teachers are

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[33] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 127.

[34] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 129.

[35] Sherman, L., Payton, A., Hernandez, L., Greenfield, P., & Dapretto, M. (2016). The power of the like in adolescence. Psychological Science, 27(7), 1027-1035.

[36] *See generally,* 2025.05.16 Expert Report of Dr. Ramin Mojtabai, M.D., Ph.D., MPH.

often forced to allocate additional time and energy to address behavioral problems rather than focusing on delivering instruction.

54.   The near-constant phone use by students creates a classroom environment where instruction is repeatedly interrupted by digital distractions.[37] These interruptions are not limited to isolated incidents; they are frequent and pervasive, eroding the rhythm of classroom teaching and reducing instructional time. Educators now report regular disruptions caused by notification "pings," glowing phone screens, and off-task behaviors during lessons—particularly driven by Snapchat, which accounts for the majority of app use immediately following in-class phone pickups.[38] This level of intrusion undermines both the teacher's ability to deliver content and students' ability to retain it.

55.   Even the most carefully planned and well-structured lessons are increasingly undermined by the competition posed by algorithmically optimized feeds of content from platforms like TikTok and Instagram, which are designed to capture and hold attention far more effectively than traditional educational materials.[39] These platforms continuously deliver novelty and social stimulation, making it difficult for teachers to engage students with curriculum-driven activities. In this environment, teachers are not only tasked with instructional responsibilities but must also act as constant monitors of digital behavior, redirecting attention and managing conflict that arises from online interactions occurring during class.

56.   The report submitted by Dr. Christakis asserts that the addictive design features of social media have transformed the classroom environment.[40] He notes that the ubiquitous presence of smartphones and social media use during instructional time leads to significant disruptions in students' attention and teacher-student interactions.

57.   Together, these challenges contribute to a classroom climate in which teaching is less efficient, instructional flow is repeatedly disrupted, and relational trust between teachers and students is harder to build and sustain. As a result, both the emotional and academic tone of the classroom suffers, weakening the overall quality of the learning environment.

E.   Teacher Morale and Job Satisfaction

58.   Research suggests that social media use can have a notable impact on teachers' morale and job satisfaction. School leaders' practices play a crucial role in influencing teachers' morale, highlighting that a supportive leadership environment can boost job satisfaction. However, teachers often experience a decline in morale when faced with the constant distractions caused by students' social media use. The persistent need to address these disruptions can lead to frustration and reduced job satisfaction.

59.   In one Education Week article, *Cellphones Turned my Teaching Career from 'Awesome' to Exhausting,* a high school teacher described their difficult decision to leave the field

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[37] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 156.

[38] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 149.

[39] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 86-87.

[40] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 278-81.

due to his inability to overcome the classroom distractions caused by social media use on cell phones in the classroom: "*When I had my students track their cellphone use, almost every kid was either shocked or embarrassed by the amount of time they spent on their phones. I would tell my students, "It's not your fault." Almost all of them wanted to find a way out, or reduce the time they spent on it.*" Teachers recognized that the "massive problem" of cell phone interference with schooling needs to be addressed from many angles, including "*holding tech companies accountable for making the most addictive apps and products that the world has ever seen, intentionally.*"[41]

60.   Teachers report growing frustration with managing screen use in class, as students' compulsive social media checking erodes the overall learning climate.[42] Many educators find themselves in the position of having to constantly redirect students' attention away from platforms like TikTok and Snapchat, which are specifically engineered to captivate and retain users. This redirection effort not only detracts from instructional time but also places added emotional and cognitive burdens on teachers.

61.   Teachers often feel their efforts to engage students are being undercut by the presence of addictive digital content in the classroom, leading to a sense of futility and diminished professional fulfillment. Findings from a National Education Association report indicate marked increases in student mental health challenges, inattention, and cyberbullying, which have collectively strained the classroom environment and affected teacher morale and classroom management.[43] These trends reflect a growing burden on teachers who must simultaneously manage instruction and the behavioral fallout of social media use.

62.   Additionally, the emotional demands of managing social media-related challenges contribute to teacher burnout. Teachers frequently feel overwhelmed by the dual responsibilities of maintaining classroom discipline and navigating the complexities of students' social media interactions. This strain can result in a cycle where diminished morale and job dissatisfaction further undermine teachers' engagement and effectiveness in the classroom.

F.   Sleep Disruption

63.   A significant concern regarding social media use among K-12 students is its impact on sleep patterns. Many students engage with social media late into the night, disrupting their sleep and negatively affecting their academic performance.[44] Inadequate sleep

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[41] Heubeck, E. (June 10, 2024). Cellphones Turned My Teaching Career From 'Awesome' to Exhausting: How educators' No. 1 nemesis caused this teacher to quit. Education Week.

[42] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 148.

[43] National Education Association (2024). Impact of Social Media and Personal Devices on Mental Health.

[44] Nafisah, A. (2024). The effect of social media on students' school life in Indonesia. Acta Pedagogia Asiana, 3(2), 80-90.

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increases the likelihood that teens will experience myriad negative outcomes, including poor grades, anxiety, depression, and suicidality.[45]

64.   Emerging data shows that adolescents are particularly vulnerable to sleep disruptions due to their engagement with highly stimulating platforms such as TikTok, Snapchat, and Instagram. Teens report extensive nighttime use of these apps, which delays sleep onset and disrupts circadian rhythms—especially concerning given that nearly a third of adolescents now spend over two hours per day on TikTok alone, exceeding the American Academy of Pediatrics' 2016 recommended daily screen time limit of two hour.[46]

65.   Compounding this issue is the compulsive nature of late-night phone use. Some teens receive over 3,199 notifications per day, prompting frequent checking behaviors that persist even during typical sleeping hours.[47] These interruptions contribute to reduced total sleep time and increased next-day fatigue, making it harder for students to remain alert and academically engaged during school hours.

66.   The report submitted by Dr. Telzer identifies social media use late at night and even during nighttime wake events as a major contributor to disrupted adolescent sleep. Her report notes that students who woke during the night and engaged with social media prolonged their wakefulness and lost additional sleep.[48]

67.   In sum, social media use, particularly during nighttime hours, plays a significant role in sleep deprivation among adolescents. This disruption to healthy sleep patterns undermines students' cognitive functioning, emotional regulation, and school performance.

G.   Anxiety, Depression, and Self-Harm

68.   The Pew Research Center's April 2025 report "Teens, Social Media and Mental Health," highlighted students' and parents' concerns about the negative impact of social media on their mental health.[49] Findings revealed that forty-five percent of teens say they spend too much time on social media, up from 36% in 2022, with many reporting that platforms negatively affect their sleep, productivity, and mental health. Nearly half of U.S. teens (48%) believe social media has a mostly negative effect on people their age, a marked increase from 32% in 2022, suggesting rising peer concern about its impact on mental health and well-being. Parents are particularly alarmed—44% of those who are concerned about youth mental health identify social media as the biggest negative influence, often citing its unrealistic expectations, social comparison, and distraction from family life.

69.   Social media use has been linked to increased rates of anxiety, depression, and self-harm among adolescents. For example, frequent social media use is linked to heightened

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[45] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 126-27, 138.

[46] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 92.

[47] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 126-27, 138.

[48] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 142-43.

[49] Pew Research Center. (April 2025), Teens, Social Media and Mental Health.

feelings of loneliness and social anxiety. Additionally, social comparison on these platforms can lead to negative self-perceptions and exacerbate depressive symptoms.[50,51]

70.   Longitudinal data suggests that youth who spend more than 3 hours per day on social media double their risk of poor mental health outcomes, including anxiety, depression, and self-harm.[52] Conversely, limiting the use of social media among adolescents leads to improvements in mental health, including in depression severity, and subjective well-being (i.e., anxiety, depression, life satisfaction, self-reported happiness).[53,54] This aligns with nationally representative surveys indicating that the sudden decrease in adolescent psychological well-being after 2012 is more likely related to the rapid adoption of smartphones and engagement in social media than to economic indicators such as unemployment.[55] The Health Behaviour in School-Aged Children (HBSC) surveys (2001-2018) similarly found that frequent and problematic social media use significantly contributed to the rise in psychological symptoms among adolescents in recent years.[56]

71.   The reports by Drs. Telzer, Mojtabai, and Christakis point to the compulsive nature of social media use evident in patterns of overuse and loss of control. Dr. Telzer points to recent surveys indicating that 85% of adolescents reported spending more time on social media than they intended, and 52% said that they often or sometimes missed social media when not using it, to the point that it interferes with their daily functioning—both indicators of problematic use.[57] Dr. Mojtabai expert report highlights research showing that between 4.5% and 12.2% of adolescents show symptoms of social media addiction,

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[50] Jamil, M., Ain, Q., Batool, S., Saadat, S., Malik, S., Arshad, M., … & Latif, B. (2020). Impact of social media on academic performance. European Journal of Medical and Health Sciences, 2(5).

[51] Tørmoen, A. J., Myhre, M. Ø., Kildahl, A. T., Walby, F. A., & Rossow, I. (2023). A nationwide study on time spent on social media and self-harm among adolescents. *Scientific reports*, *13*(1), 19111.

[52] Riehm, K. E., Feder, K. A., Tormohlen, K. N., Crum, R. M., Young, A. S., Green, K. M., Pacek, L. R., La Flair, L. N., & Mojtabai, R. (2019). Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth. *JAMA psychiatry*, 76(12), 1266-1273.

[53] Hunt, M. G., Marx, R., Lipson, C., & Young, J. (2018). No more FOMO: Limiting social media decreases loneliness and depression. *Journal of Social and Clinical Psychology, 37*(10), 751-768.

[54] Allcott, H., Braghieri, L., Eichmeyer, S., & Gentzkow, M. (2020). The Welfare Effects of Social Media. *American Economic Review*, 110(3), 629-76. DOI: 10.1257/aer.20190658

[55] Twenge, J. M., Martin, G. N., & Campbell, W. K. (2018). Decreases in psychological well-being among American adolescents after 2012 and links to screen time during the rise of smartphone technology. *Emotion*, *18*(6), 765.

[56] Mojtabai, R. (2024). Problematic social media use and psychological symptoms in adolescents. *Social psychiatry and psychiatric epidemiology*, *59*(12), 2271-2278.

[57] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 129.

representing thousands of youth with clinically significant distress or impairment.[58] Dr. Christakis cites YouTube's own internal research that 45% of teens reported "unintentionally stay[ing] on [YouTube] longer than they want"—a hallmark of behavioral addiction—contributing to mood instability and difficulty with emotional regulation.[59]

72.   The report submitted by Dr. Twenge documents strong associations between social media use and increased symptoms of depression and anxiety in adolescents. She references studies showing that even one additional hour of social media use is associated with statistically significant increases in depressive symptoms.[60] She also cites increased rates of hospital admissions for self-harm among adolescents, linking them to trends in social media use rather than other societal factors like school shootings.[61] Dr. Telzer also identified a within-person relationship between social media use and depression, noting that increases in social media use on a given day were associated with increased depressive symptoms on that same day.[62]

73.   Anxiety and depression among children and adolescents are negatively associated with a variety of academic outcomes, including attendance and engagement, academic performance, behavioral issues, and graduation rates. Indeed, mental health challenges such as anxiety and depression can lead to increased absenteeism. Students experiencing these conditions report difficulties attending school regularly, often resulting in chronic absenteeism (missing 10% or more of school for any reason).[63] Further, increased social media use is linked to decreased academic performance, which in turn serves as a mediator for anxiety and depression.[64] This suggests that not only do the psychological harms of social media negatively impact academics, the detrimental impact of social media on academic performance also predicts poor mental health outcomes, including anxiety and depression. For example, a study of short video application use, such as TikTok, among adolescents found that heavy users exhibited higher levels of depression, anxiety, stress, loneliness, social anxiety, attention problems, and lower life satisfaction

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[58] 2025.05.16 Expert Report of Dr. Ramin Mojtabai, M.D., Ph.D., MPH at 84.

[59] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 98-99.

[60] 2025.05.16 Expert Report of Jean M. Twenge, Ph.D. at 23.

[61] 2025.05.16 Expert Report of Jean M. Twenge, Ph.D. at 7, 14-22.

[62] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 134.

[63] Healthy Schools Campaign, Mental Health America, and Attendance Works. (May 13, 2024). The Impact of School Mental Health Services on Reducing Chronic Absence.

[64] Zahra, M. F., Qazi, T. A., Ali, A. S., Hayat, N., & ul Hassan, T. (2022). How Tiktok addiction leads to mental health illness? Examining the mediating role of academic performance using structural equation modeling. *Journal of Positive School Psychology*, 6(10), 1490-1502.

and sleep quality, as well as higher academic stress and poorer academic performance than their non/moderate-user peers.[65]

H.   Negative Body Image

74.   Student social media use has been linked to negative body image, contributing to increased body dissatisfaction and related mental health concerns. A scoping review of global studies concluded that social media usage leads to body image concerns and disordered eating due to the experiences of social comparison, internalization of a thin/fit ideal, and self-objectification.[66] A systematic review found that frequent viewing and uploading of photos on social media led to a greater likelihood of body dissatisfaction and disordered eating behaviors among adolescents.[67] Conversely, adolescents who reduce their social media use by 50% experienced significant improvements in weight and appearance esteem.[68]

75.   Adolescent girls' ability to filter their appearance on social media platforms can lead to poor self-image, in part by reinforcing unrealistic beauty standards. Dr. Christakis' report notes more than half of TikTok's users are in the "14 and under" age range—a group especially vulnerable to appearance-based comparisons and negative self-perception[69] Dr. Telzer's report notes that the constant visual self-monitoring reinforced by social media platforms, paired with the pursuit of external validation through likes and comments, has serious implications for adolescent self-esteem and increases the risk of disordered eating behaviors.[70]

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[65] Chao, M., Lei, J., He, R., Jiang, Y., & Yang, H. (2023). TikTok use and psychosocial factors among adolescents: Comparisons of non-users, moderate users, and addictive users. *Psychiatry Research*, *325*, 115247.

[66] Dane, A., & Bhatia, K. (2023). The social media diet: A scoping review to investigate the association between social media, body image and eating disorders amongst young people. *PLOS Global Public Health*, *3*(3), e0001091.

[67] Charmaraman, L., Richer, A. M., Liu, C., Lynch, A. D., & Moreno, M. A. (2021). Early adolescent social media–related body dissatisfaction: associations with depressive symptoms, social anxiety, peers, and celebrities. *Journal of Developmental & Behavioral Pediatrics*, *42*(5), 401-407.

[68] Thai, H., Davis, C. G., Mahboob, W., Perry, S., Adams, A., & Goldfield, G. S. (2024). Reducing social media use improves appearance and weight esteem in youth with emotional distress. *Psychology of Popular Media*, *13*(1), 162.

[69] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 372-73.

[70] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 306.

76.   In addition to the negative impact of poor body image on student mental health and well-being, this directly impacts their academic performance, resulting in lower self-esteem, reduced academic engagement, and lower grade attainment.[71,72]

I.   School Resource Burden

77.   In recent years, district and school leaders, educators, and health and mental health providers have increasingly found themselves reallocating limited funding and staffing resources to respond to the negative impacts of students' social media use. These impacts extend beyond individual student well-being and now significantly affect the broader school climate, academic engagement, and the mental health demands placed on school-based services. The need to prevent and mitigate issues such as distractions during instruction, online peer conflict, sleep-deprived and dysregulated students, and elevated anxiety and depressive symptoms has prompted schools to shift priorities, often diverting attention and resources from other instructional or enrichment initiatives.[73,74,75] However, these efforts are often insufficient without broader systemic support and resourcing.

78.   Schools are increasingly burdened with managing the mental health consequences of social media overuse. Drs. Telzer's and Christakis' reports highlight that compulsive usage contributes to heightened anxiety, depression, loneliness, and academic underperformance, supporting the idea that that school counselors, social workers, and psychologists are being called upon to respond to the stressors introduced by platforms such as TikTok, Instagram, and Snapchat.[76,77]

79.   Dr. Christakis asserts the school environment has been negatively impacted by the mental health problems exacerbated by social media use, including increased behavioral disruptions and cyberbullying. [78] These challenges demand significant time and resources from school staff, including counselors, administrators, and teachers.

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[71] Gow, M., Tee, M., Garnett, S., Baur, L., Aldwell, K., Thomas, S., … & Jebeile, H. (2020). Pediatric obesity treatment, self-esteem, and body image: a systematic review with meta-analysis. Pediatric Obesity, 15(3).

[72] Kartha, G., Navya, C., G, A., & Joshy, V. (2019). Body image perception among adolescent students in a private school in thrissur, kerala. Public Health Review International Journal of Public Health Research, 6(2), 68-75.

[73] National Association of School Psychologists. (2023). Responding to Social Media Trends: Guidance for Caregivers.

[74] Moore, P., Jackson, B.A., Leschitz, J.T., Wolters, N., Goode, T., Diliberti, M.K., Pham, P. F. (2024). Developing Practical Responses to Social Media Threats Against K-12 Schools. RAND.

[75] Young, E. (2024). Frequent social media use and experiences with bullying victimization, persistent feelings of sadness or hopelessness, and suicide risk among high school students—Youth Risk Behavior Survey, United States, 2023. *MMWR supplements*, *73*.

[76] *See generally*, 2025.05.16 Expert Report of Eva Telzer, Ph.D.

[77] *See generally*, 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P.

[78] 2025.05.16 Expert Report of Dimitri Christakis, M.D., M.P. at 281.

80.   Specific areas of adjustment include increased investment in student support staff, such as hiring or contracting additional school counselors, social workers, and mental health therapists to address rising referrals related to social media-induced distress. Schools have also expanded professional development for educators to include training on digital literacy, social-emotional learning (SEL), and recognizing the signs of social media-related harm. In some districts, instructional time has been adjusted to accommodate digital wellness programs or structured tech breaks, while policies have been updated to limit phone use during the school day, often requiring purchase of phone-locking systems or lockers.

81.   The need for expanded infrastructure is also tied to the sheer volume and intensity of social media activity among students. Per Dr. Tezler's report, adolescents now receive hundreds of notifications per day and check their phones on average 65 times daily—disrupting instruction and requiring schools to adopt more robust device restriction policies and increase their focus on digital wellness.[79] These behavioral patterns also drive demand for continuous supervision, behavioral intervention, and crisis response planning.

82.   Administrative teams have had to allocate funds for monitoring software that can detect online threats, self-harm risks, or cyberbullying incidents in real-time, creating new demands on school IT and crisis response staff. In addition to responding to students' growing needs, school resources have increasingly been reallocated to navigate strained family-school partnerships, with social media-related concerns dominating time that was once dedicated to educational engagement. District and school leaders report spending a significant amount of time responding to parents' concerns about social media use. These adaptations, while critical for student safety and well-being, often mean that other important initiatives—such as arts programming, teacher professional development, or extracurricular expansion—are delayed or scaled back due to finite budgets and personnel.

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83.   The cumulative evidence presented across these domains reveals the profound and far-reaching impact of student social media use on school districts, schools, the school environment, student mental health and learning. From diminished academic focus and disrupted classroom dynamics to declines in face-to-face social skills and increases in mental health concerns, social media has reshaped the educational landscape in ways that extend well beyond individual student behavior. Educators report struggling to maintain engagement and classroom cohesion amid pervasive digital distractions, while students themselves are contending with anxiety, depression, negative body image, and sleep deprivation—all caused or exacerbated by social media use. These individual-level challenges converge to strain school-wide resources, forcing districts to divert limited staffing and funding to address the mental health and behavioral consequences of digital overuse. As the prevalence and intensity of social media use continue to rise, the collective toll on students, educators, schools, and school districts has become

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[79] 2025.05.16 Expert Report of Eva Telzer, Ph.D at 150.

increasingly visible—underscoring the urgent need for sustained attention to the role of social media in shaping student well-being, learning and school functioning.

84.   The harms of social media to students and the school environment warrant a strategic plan and comprehensive approach to prevent and mitigate the negative impact. As noted by the U.S. Surgeon General's Advisory on Social Media and Youth Mental Health, "*Given the mounting evidence for the risk of harm to some children and adolescents from social media use, a safety-first approach should be applied in the context of social media products.*"[80] It is imperative to implement both preventive and reactive measures in the school environments where children develop and learn to prevent and mitigate social media harms and to foster safer and more supportive learning environments for students.

V.   The Importance of Schools in Addressing the Impacts of Social Media

A.   Background

85.   The prevention and mitigation of the negative impact of social media use on the school environment, student learning, and teacher effectiveness, as well as on student mental health and well-being have placed considerable resource strain on schools.[81,82] These include: an increased demand for mental health services; the necessary establishment and implementation of policies and practices to support students, families and educators navigating the impacts of social media use; and staffing and curricular changes required to adapt to the rapid rise and negative impacts of social media. The mental health challenges triggered and exacerbated by social media use have direct implications for schools, as they affect students' academic performance, social skills, and overall well-being. Schools are uniquely positioned to address these issues, as they are often the primary providers of mental health support for students.

86.   Schools in the United States continue to offer more mental health services than any other sector serving children.[83] Mental health service use in schools is most pronounced among racial minorities and those from low-income families, highlighting the importance of schools in addressing the mental health crisis and disparities in access to care.[84]

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[80] Office of the Surgeon General. (2023). *Social media and youth mental health: The U.S. Surgeon General's advisory.*

[81] Arundel, K. (June 8, 2025). Mental health crisis demands greater coordination between schools, pediatricians.

[82] National Education Association (August 12, 2024). Impact of Social Media and Personal Devices on Mental Health.

[83] Wilk, A. S., Hu, J.-C., Wen, H., & Cummings, J. R. (2022). Recent Trends in School-Based Mental Health Services Among Low-Income and Racial and Ethnic Minority Adolescents. *JAMA pediatrics*.

[84]Wilk, A. S., Hu, J.-C., Wen, H., & Cummings, J. R. (2022). Recent Trends in School-Based Mental Health Services Among Low-Income and Racial and Ethnic Minority Adolescents. JAMA pediatrics.

87.   Research consistently shows that students are more likely to receive mental health services in schools rather than in traditional community-based mental health settings.[85,86] Several factors contribute to the increased likelihood of students receiving mental health services in schools rather than in traditional community-based mental health settings, including reduced logistical barriers, such as transportation, scheduling difficulties, and financial constraints, which often prevent families from seeking care in external clinics. Since students spend a significant portion of their day at school, on-site services make mental health support more accessible, timely, and integrated into their daily routines.[87]

88.   Additionally, schools normalize mental health care by embedding supports within a familiar environment, reducing stigma that often discourages students from seeking external therapy. Teachers and school staff also play a crucial role in identifying early signs of mental health concerns and making timely referrals, whereas students in community settings may go unnoticed until their struggles become more severe. Many schools use MTSS and universal screenings, which help identify at-risk students who might not otherwise seek help.[88] As a result, school-based mental health interventions reach a broader and more diverse student population, ensuring early intervention and support before issues escalate into more severe psychological or academic challenges.

89.   As mental health challenges among young people continue to rise, schools are in a unique position to identify and address these issues early on. With students spending a significant part of their day in a structured and consistent environment, it is crucial for educators and staff to be trained in creating a supportive atmosphere and recognizing signs of distress. Schools are well-suited to implement universal programs that support the mental health of all students, such as digital literacy, social-emotional learning, fostering a positive school climate, behavior programming, and bullying prevention. Additionally, schools can provide access to mental health resources like counseling services and promote mental health education to reduce stigma and raise awareness.[89]

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[85] Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer, K. L., ... & Schonlau, M. (2010). Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *23*(2), 223-231.

[86] Love, H. E., Schlitt, J., Soleimanpour, S., Panchal, N., & Behr, C. (2019). Twenty years of school-based health care growth and expansion. *Health Affairs*, *38*(5), 755-764.

[87] Hoover, S. A., Bostic, J. Q., & Nealis, L. K. (2020). What is the role of schools in the treatment of children's mental illness?. *The Palgrave Handbook of American Mental Health Policy*, 409-447.

[88] Connors, E. H., Moffa, K., Carter, T., Crocker, J., Bohnenkamp, J. H., Lever, N. A., & Hoover, S. A. (2022). Advancing mental health screening in schools: Innovative, field-tested practices and observed trends during a 15-month learning collaborative. *Psychology in the Schools*, *59*(6), 1135-1157.

[89] Hoover S, Bostic J. (2021) Schools as a vital component of the child and adolescent mental health system. Psychiatric Services, 72:37-48, 2021.

90.   In the United States, national school mental health performance standards emphasize a comprehensive school mental health system (CSMHS), which offers a full range of tiered services to promote positive mental health and address challenges early.[90] These services include universal mental health promotion for all students, early intervention for students with mild impairments or at risk, and treatment for those with severe impairments. CSMHSs depend on collaborative partnerships between schools and community organizations, where the mental health support provided by school-employed professionals (e.g., psychologists, social workers, and counselors) is enhanced by community providers (e.g., mental health centers, hospitals, and universities). Recent initiatives by federal agencies like the Health Resources and Services Administration and SAMHSA, in partnership with national, state, and local leaders, have contributed to guidelines on the essential components and strategies for implementing CSMHSs.[91] Recent federal funding cuts—including more than $1 billion eliminated from Bipartisan Safer Communities Act grants designated for states and local education agencies—further strain already overstretched resources needed to support student mental health in schools.[92]

B.   Essential components of an effective CSMHS

91.   Per national standards, the essential components of a CSMHS are:

- A full complement of school and district professionals, including specialized instructional support personnel, who are trained to support the mental health needs of students in the school setting;

- Collaboration and teaming among students, families, schools, community partners, policy makers, funders, and providers to address the academic, social, emotional, and behavioral needs of all students and the predictable problems of practice across systems and roles;

- A thorough and continuous needs assessment of school and student needs and strengths, coupled with resource mapping of school and community assets, to inform decision making about needed supports and services;

- A full array of tiered, evidence-based processes, policies, and practices that promotes mental health and reduces the prevalence and severity of mental illness;

- Use of screening and referral as a strategy for early identification and treatment;

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[90] Connors, E. H., Stephan, S. H., Lever, N., Ereshefsky, S., Mosby, A., & Bohnenkamp, J. (2016). A national initiative to advance school mental health performance measurement in the US. *Advances in School Mental Health Promotion*, *9*(1), 50-69.

[91] Hoover, S. A., Lever, N. A., Sachdev, N., Bravo, N., Schlitt, J. J., Price, O. A., ... & Cashman, J. (2019). *Advancing comprehensive school mental health systems: guidance from the field.* National Center for School Mental Health, University of Maryland School of Medicine.

[92] Brinkley, Collin (April 30, 2025) Associated Press, https://apnews.com/article/school-mental-health-grants-trump-biden-dei-00bec2d96371f023ac56fe3f32f3e92f.

- Use of evidence-based and emerging best practices to ensure quality in the services and supports provided to students;

- Use of data to monitor student needs and progress, assess quality of implementation, and evaluate the effectiveness of supports and services; and

- Diverse and leveraged funding and continuous monitoring of new funding opportunities from national/federal, state, and local sources to support a sustainable comprehensive school mental health system.[93]

92.   CSMHSs operate within a public health framework, aiming for early intervention before issues escalate, often referred to as an MTSS. This framework, well-articulated and studied in the research on Positive Behavioral Interventions and Supports (PBIS), is widely adopted in schools and increasingly applied to mental health.[94] MTSS for mental health typically follows a three-tiered model, with universal screening and progress monitoring to facilitate early identification and intervention. Essential functions across these tiers include effective district and school teams, data-driven decision-making, and systems for implementing evidence-based practices. Interdisciplinary teams composed of school and community partners use data to assess mental health needs and resources, ensuring students receive appropriate, evidence-based support across the MTSS continuum. The School Mental Health Quality Assessment tool, available on the SHAPE System platform (www.theSHAPEsystem.com), provides a mechanism for schools, districts, and states to evaluate and improve their mental health services.[95]

93.   The CSMHS framework to promote positive mental health for all students and to identify and address mental health concerns early is an optimal structure for addressing the impacts of social media on schools and student mental health and well-being. Schools already operate tiered systems of support for academic instruction and social, emotional, and behavioral supports and services, so extending the framework to address the learning and mental health impacts of social media on schools and students would be a natural evolution.

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[93] Hoover, S. A., Lever, N. A., Sachdev, N., Bravo, N., Schlitt, J. J., Price, O. A., ... & Cashman, J. (2019). *Advancing comprehensive school mental health systems: Guidance from the field*. National Center for School Mental Health, University of Maryland School of Medicine.

[94] Barrett, S., Eber, L., & Weist, M. D. (2013). Advancing education effectiveness: An interconnected systems framework for Positive Behavioral Interventions and Supports (PBIS) and school mental health. *Center for Positive Behavioral Interventions and Supports (funded by the Office of Special Education Programs, US Department of Education). Eugene, Oregon: University of Oregon Press*.

[95] Orenstein, S., Connors, E., Fields, P., Cushing, K., Yarnell, J., Bohnenkamp, J., ... & Lever, N. (2023). Advancing school mental health quality through national learning communities. In *Handbook of School Mental Health: Innovations in Science and Practice* (pp. 215-231). Cham: Springer International Publishing.

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C.   MTSS to Address the Negative Mental Health and Academic Impacts of Social Media Use

94.   Best practices to leverage the potential benefits of social media while mitigating the risks and harms of the platforms can be organized within a 3-tiered framework known as an MTSS. This provides a structured, evidence-based approach to intervention by addressing concerns at three levels: Universal Mental Health Promotion (Tier 1), Early Intervention (Tier 2), and Intensive Support (Tier 3).[96] MTSSs are widely used and are the gold standard for improving student behavior issues.[97,98] Embedding supports within an MTSS framework ensures that services are not siloed but instead are integrated into the everyday fabric of school life.[99] This approach enhances efficiency, promotes equity, and ensures that students receive the right level of support at the right time.[100,101] Evidence from large-scale implementation efforts reveals that MTSS can lead to improved academic performance, reductions in disciplinary incidents, and better mental health outcomes for students.[102,103,104] The scalability and adaptability of MTSS make it particularly effective in addressing emerging issues such as the mental health impacts of

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[96] Hoover, S. A., Bostic, J. Q., & Nealis, L. K. (2020). What is the role of schools in the treatment of children's mental illness? *The Palgrave Handbook of American Mental Health Policy*, 409-447.

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[98] Weist, M. D., Hoover, S. A., Daly, B. P., Short, K. H., & Bruns, E. J. (2023). Propelling the global advancement of school mental health. *Clinical child and family psychology review*, *26*(4), 851-864.

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[100] Fallon, L. M., Veiga, M., & Sugai, G. (2023). Strengthening MTSS for behavior (MTSS-B) to promote racial equity. *School Psychology Review*, *52*(5), 518-533.

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[102] Kase, C., Hoover, S., Boyd, G., West, K. D., Dubenitz, J., Trivedi, P. A., ... & Stein, B. D. (2017). Educational outcomes associated with school behavioral health interventions: A review of the literature. *Journal of School Health*, *87*(7), 554-562.

[103] Bohnenkamp, J. H., Schaeffer, C. M., Siegal, R., Beason, T., Smith-Millman, M., & Hoover, S. (2021). Impact of a school-based, multi-tiered emotional and behavioral health crisis intervention on school safety and discipline. *Prevention science*, *22*(4), 492-503.

[104] Bohnenkamp, J. H., Hartley, S. N., Splett, J. W., Halliday, C., Collins, D., Hoover, S., & Weist, M. D. (2023). Promoting school safety through multi-tiered systems of support for student mental health. *Preventing School Failure: Alternative Education for Children and Youth*, *67*(1), 9-17.

students' social media use. Effective implementation requires clear policies, structured interventions, and appropriate staffing to ensure students receive the support they need.

1.   Tier 1: Universal Policies and Interventions for All Students, Staff, and Families

95.   At the universal level, schools must embed digital literacy and life skills into the curriculum to equip students with the skills to navigate social media responsibly.[105,106] Digital literacy education should focus on developing healthy screen habits and understanding data privacy. An example of this type of curriculum is the Digital Citizenship Curriculum provided by Common Sense Education.[107] Universal programming must also include Life Skills programs that equip students with the social and emotional competencies to cope with social media pressure, manage online conflicts, and regulate emotions triggered by digital interactions. Schools should also implement anti-cyberbullying policies and programs that promote digital citizenship, reinforce positive online behaviors, and establish clear consequences for harmful conduct. Such curriculums are widely available but are not free to implement.

96.   Additionally, schools must expand mental health literacy initiatives that educate students, staff, and families about the psychological effects of social media use, such as anxiety, depression, and sleep disturbances. These efforts should include parent workshops to help caregivers set boundaries on social media use at home and recognize warning signs of social media-related distress. School policies should also incorporate tech-free spaces and screen time limits during school hours to encourage healthy technology use.

2.   Tier 2: Targeted Interventions for Students with Mild to Moderate Concerns

97.   For students experiencing mild to moderate mental health or academic challenges linked to social media, schools should implement targeted education and brief interventions.[108] Small group counseling or workshops can provide students with tools to navigate social comparison, cyberbullying, and screen addiction.[109] School counselors, social workers, or trained educators can facilitate evidence-based programs that focus on reducing

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[105] Lawson, G. M., McKenzie, M. E., Becker, K. D., Selby, L., & Hoover, S. A. (2019). The core components of evidence-based social emotional learning programs. *Prevention Science*, *20*, 457-467.

[106] Office of the Surgeon General. (2023). *Social media and youth mental health: The U.S. Surgeon General's advisory.*

[107] Common Sense Media. (2025). Digital Citizenship Curriculum.

[108] McDaniel, S. C., Bruhn, A. L., & Mitchell, B. S. (2015). A tier 2 framework for behavior identification and intervention. *Beyond Behavior*, *24*(1), 10-17.

[109] Bruns, E. J., Lee, K., Davis, C., Pullmann, M. D., Ludwig, K., Sander, M., ... & McCauley, E. M. (2023). Effectiveness of a brief engagement, problem-solving, and triage strategy for high school students: Results of a randomized study. *Prevention Science*, *24*(4), 701-714.

compulsive social media use, building self-esteem, and fostering in-person social connections.

98.   Peer support programs, where trained students provide mentorship and guidance to peers struggling with online pressures, can also be useful. These programs should be monitored by school counselors to ensure they are supportive and structured. Additionally, schools should establish self-referral systems that allow students to seek help if they feel distressed by social media-related issues.

3.   Tier 3: Intensive Mental Health and Educational Interventions for High-Risk Students

99.   Students facing severe mental health challenges, social isolation, or academic decline due to social media require intensive, individualized interventions. Schools should partner with community mental health providers to offer Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)[110], Dialectical Behavior Therapy (DBT)[111], or other specialized interventions for students experiencing suicidal ideation, severe anxiety, or significant emotional dysregulation related to social media use.[112] In-school mental health teams, consisting of school psychologists, licensed social workers, and counselors, should provide individualized therapy, crisis intervention, and case management to these students.[113]

100.   Academically, students who struggle due to social media-related attention issues, sleep deprivation, or cyberbullying-related absenteeism may require individualized education programs (IEPs) or 504 accommodations to support their learning.[114] Strategies may include adjusted workloads, flexible deadlines, or modified class participation expectations for students working to regain emotional stability. Schools should also offer

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[110] Kliethermes, M. D., Drewry, K., & Wamser, R. A. (2025). Trauma-focused cognitive-behavioral therapy. In *Evidence-Based Treatments for Trauma-Related Disorders in Children and Adolescents* (pp. 219-243). Cham: Springer Nature Switzerland.

[111] Miller, A. L., Gerardi, N., Mazza, J. J., Dexter-Mazza, E., Graling, K., & Rathus, J. H. (2023). Delivering comprehensive school-based dialectical behavior therapy (CSB-DBT). *Psychology in the Schools*, *60*(8), 2762-2781.

[112] Ayer, L., Nickerson, K., Grumet, J. G., & Hoover, S. (2022). Effective suicide prevention and intervention in schools. In *Youth suicide prevention and intervention: best practices and policy implications* (pp. 31-40). Cham: Springer International Publishing.

[113] Reaves, S., Bohnenkamp, J., Mayworm, A., Sullivan, M., Connors, E., Lever, N., ... & Hoover, S. (2022). Associations between school mental health team membership and impact on service provision. *School Mental Health*, *14*(3), 672-684.

[114] Lipkin, P. H., Okamoto, J., Council on Children with Disabilities and Council on School Health, Norwood Jr, K. W., Adams, R. C., Brei, T. J., ... & Young, T. (2015). The individuals with disabilities education act (IDEA) for children with special educational needs. *Pediatrics*, *136*(6), e1650-e1662.

re-entry programs for students who have taken leave due to severe mental health crises, ensuring a gradual and supported transition back to academic life.[115]

D.   Policies and Staffing to Support Effective MTSS Implementation

101.   To sustain an effective MTSS framework, schools must establish clear policies for addressing social media-related challenges. These include:

1. Defining appropriate and inappropriate social media use in school settings.

2. Establishing referral pathways for students needing Tier 2 or Tier 3 support.

3. Providing ongoing professional development for educators and staff on digital literacy, mental health, and trauma-informed interventions.

102.   Staffing is a critical component of implementation. Schools must ensure adequate counselor-to-student ratios and hire mental health professionals with expertise in social media-related concerns. Additional staff may include digital literacy educators, Life Skills specialists, family educators and liaisons, and school-based therapists who specialize in addressing the intersection of technology use and student well-being.

E.   Strategies for Effective MTSS Implementation

103.   Schools often face barriers to effective MTSS implementation, including limited resources, difficulty maintaining fidelity to interventions, and insufficient community mental health partnerships.[116] Many schools lack funding for mental health staff and ongoing implementation support, making it difficult to provide sustained Tier 2 and Tier 3 interventions. Another challenge is ensuring that teachers and staff consistently implement Tier 1 strategies. Schools can only partially address this by integrating digital literacy and Life Skills into core subject areas, reducing the burden on individual teachers. Additionally, data collection and evaluation can be difficult due to funding limitations. While schools can implement student self-assessments and teacher observation tools to track intervention effectiveness, more robust data systems facilitate more effective triaging, progress monitoring, and school-community-family communication to improve intervention effectiveness.

104.   By embedding a trauma-informed, multi-tiered framework to address social media's mental health and academic impacts, schools can create a proactive and supportive environment for students. A combination of policy-driven prevention efforts (Tier 1), targeted interventions (Tier 2), and intensive supports (Tier 3) ensures that students receive the appropriate level of support and care.

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[115] Weiss, C. L., Blizzard, A. M., Vaughan, C., Sydnor-Diggs, T., Edwards, S., & Stephan, S. H. (2015). Supporting the transition from inpatient hospitalization to school. *Child and Adolescent Psychiatric Clinics of North America*, *24*(2), 371-383.

[116] Clayton, J. D. (2023). Navigating the Practical Challenges of MTSS Implementation. *Communique*, *52*(4), 12-17.

105.   Examples of policy and practice interventions at each tier to address social media's impact on students' mental health and academic outcomes are illustrated in the figure below.

Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Tier 1 - Universal (School-Wide Prevention and Education)				
Social Media Policies and Staff Professional Development	Administrators, Educators, Students (ages 6-18), Families	Development and implementation of policies to promote healthy social media use and prevent and mitigate against harms; Staff professional development on social media use and impacts	School administrators, teachers, IT staff, family liaisons	Improved digital citizenship, increased educator confidence in addressing social media issues, increased awareness of policies
Screen-Time Management Initiatives	Students (ages 6-18), Educators	School-wide guidelines on limiting screen time, promoting device-free zones, mindful technology use, social media monitoring	School administrators, teachers, IT staff	Improved focus in class, healthier technology boundaries
Digital Literacy in the Curriculum	Students (ages 6-18)	Education on responsible social media use, digital footprint awareness, critical thinking about online conduct	Digital literacy educators, classroom teachers	Increased digital responsibility, digital discernment and harm reduction
Life Skills Programming	Students (ages 6-18)	Emotion regulation skills, self-awareness, responsible decision-making	Life Skills coordinators, school counselors, teachers	Improved emotional regulation, healthier peer relationships, decreased online conflict
Mental Health Literacy for Students and Staff	Students (ages 10-18), Educators	Training on identifying signs of anxiety, depression, and social media addiction, resources for support	School psychologists, health educators, school counselors	Increased help-seeking behavior, reduced stigma around mental health

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Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Anti-Cyberbullying Programming	Students, Staff, Families	School-wide anti-cyberbullying programming, reporting systems, restorative practices	School administrators, counselors, IT staff	Decreased cyberbullying incidents, improved peer relationships, less disruption in schools
Digital Detox Challenges and Wellness Programs	Students (ages 10-18)	Voluntary screen-time reduction challenges, mindfulness activities, incentives for healthy tech habits	Life Skills coordinators, school wellness teams	Increased self-regulation of screen time, improved sleep and academic focus
Positive School Culture and Community Building	Students, Staff	Proactive relationship-building, inclusive school events, fostering a sense of belonging	School leadership, teachers, student mentors	Reduced feelings of isolation, improved school connectedness
Family Engagement and Education	Parents, Guardians	Workshops on monitoring social media use, setting screen-time limits, promoting open discussions about online behavior	Parent liaisons, school social workers	Increased parental involvement, healthier home technology habits

Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Tier 2 - Targeted (Small-Group or At-Risk Student Interventions)				
Targeted Mental Health Support (Brief Counseling, Peer Support Programs)	Students identified as at-risk	Short-term counseling, peer mentoring programs, check-ins for students struggling with online stress	School counselors, social workers, peer mentors	Reduced social media-related stress, improved coping strategies
Social Media Impact Support Groups	Middle and High School Students (ages 11-18)	Small-group sessions on social comparison, FOMO (fear of missing out), self-esteem, and online safety	School counselors, health educators	Improved self-esteem, reduced anxiety related to online interactions

Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Parent Support Groups for Social Media Concerns	Parents, Guardians	Group discussions on managing children's social media use, setting boundaries, and addressing mental health concerns	Parent engagement coordinators, school psychologists	Increased parental confidence in managing screen time and social media exposure

Intervention Name	Target Population	Core Policy/Intervention Components	Responsible Staff	Target Outcomes
Tier 3 - Intensive (Individualized and Specialized Support for High-Need Students)				
Intensive Mental Health Treatment for Social Media-Related Distress	Students experiencing severe anxiety, depression, or online addiction	Individual therapy, cognitive-behavioral interventions, family counseling	School-based therapists, external mental health providers	Decreased anxiety and depression, improved social functioning
Individualized Screen-Time and Social Media Use Plans	Students with significant academic or behavioral impacts	Personalized plans for screen use, monitoring, and gradual reduction strategies	School counselors, behavioral specialists	Improved self-regulation, better academic performance
Referral to Community-Based Digital Wellness Programs	Students and Families	Coordination with external mental health providers specializing in digital addiction and online safety	School social workers, community mental health partners	Improved coping skills, better digital well-being management
Crisis Intervention for Cyberbullying or Social Media-Related Trauma	Students experiencing severe distress due to online harassment or social media use	Immediate counseling support, safety planning, legal or administrative interventions	School psychologists, crisis counselors, administrators	Increased student safety, decreased trauma symptoms

VI.   15- Year Timeline For Effective MTSS Implementation and Sustainability

106.   The pervasive influence of social media on school districts, schools, the school environment, and student mental health and learning demands a comprehensive, district-led, and long-term response. The proper strategic plan should include a 15-year timeline

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for professional development, data infrastructure, program and policy implementation, and evaluation to ensure effective implementation and sustainability. A 15-year strategic plan is both reasonable and essential to effectively prevent and mitigate these impacts, support positive student development, and ensure sustainable transformation across all schools in a school district. This timeline is grounded in implementation science, public health precedent, and the real-world logistics of initiating and sustaining complex, systemic change in educational settings.

A.   Public Health Precedent: The 15-Year Tobacco Control Corollary.

107.   The 15-year timeline mirrors other successful public health responses to youth risk behaviors. For example, between 1997 and 2015, youth tobacco use declined by 73% as a result of sustained, comprehensive, school- and community-based prevention efforts that spanned more than a decade.[117] Key strategies included consistent messaging, health education, capacity-building in schools, and the integration of behavior change supports throughout students' developmental years.

108.   In a similar fashion, reducing the harms of social media on schools and student wellbeing requires a sustained, layered, and district-wide approach. This includes curricular reform (e.g., digital and mental health literacy), staff training, family engagement, climate improvement strategies, and data-informed refinements. Such a comprehensive effort cannot be accomplished through short-term or fragmented initiatives. A shorter timeline would fail to accommodate the full cycle of implementation, cultural shifts, and evaluation needed to generate durable change.

109.   As with the steep decline in youth nicotine addiction following a comprehensive system intervention approach, it is reasonable to assume a steep and sustained downward trajectory of social media harm to schools and students with a comprehensive, multi-tiered approach. As student social media use declines steadily and protective factors for mental health and well-being are strengthened, schools and school districts can expect a corresponding and sustained reduction in the harms they have experienced from social media's negative impacts.

B.   Developmental Cohort Logic: Tracking K-12 Impacts Over Time

110.   A 15-year timeline allows districts to follow a full K-12 student cohort from entry to graduation, enabling schools and districts to:

- Begin planning and capacity-building in Years 1-2, including hiring, training, and system preparation;

- Implement and refine professional development and interventions in Years 3-13, while tracking outcomes and adjusting to developmental needs across age groups;

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[117] United States. Public Health Service. Office of the Surgeon General, National Center for Chronic Disease Prevention, & Health Promotion (US). Office on Smoking. (2012). *Preventing tobacco use among youth and young adults: A report of the surgeon general*. US Government Printing Office.

- Evaluate and institutionalize effective strategies in Years 14-15, ensuring sustainability and system-level learning.

111. Following a single student cohort from Kindergarten through Grade 12 allows for:

- Longitudinal assessment of intervention impact;

- Cohort-specific adjustments and innovations;

- Developmentally aligned supports from early childhood through adolescence;

- Reduction of confounding factors related to population turnover.

This approach enhances the ability to demonstrate causal links between strategic actions and student outcomes.[118]

C.   Implementation Science and System Change Requirements

112. Evidence from large-scale education reform and mental health implementation science indicates that sustainable system change takes 10-15 years, particularly when addressing complex challenges such as:

- Shifts in school climate and culture;

- Integration of evidence-based mental health supports;

- Training and retaining specialized personnel;

- Creating and scaling data systems for monitoring outcomes;

- Coordinating across educational, mental health, and technology sectors.

113. Systemic implementation follows a staged process—exploration, installation, initial implementation, full implementation, and sustainability—each requiring years of effort. National Implementation Research Network (NIRN) findings show that full implementation in complex systems often takes at least 5 years, and up to 10 years or more when layered with systems change.[119] Moreover, school mental health implementation requires adaptation to diverse local contexts, and embedding evidence-based practices in school settings requires sustained commitment, leadership, and capacity-building.[120]

114. **Early Stages.** Integrating and embedding social media harm mitigation strategies within a district's existing MTSS framework requires deliberate, staged development:

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[118] Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, *36*, 24-34.

[119] Fixsen, D. L., S. F. Naoom, K. A. Blase, R. M. Friedman, and F. Wallace. "Implementation research." *A Synthesis of the Literature* (2005): 2005.

[120] Forman, Susan G., Edward S. Shapiro, Robin S. Codding, Jorge E. Gonzales, Linda A. Reddy, Sylvia A. Rosenfield, Lisa MH Sanetti, and Karen C. Stoiber. "Implementation science and school psychology." *School Psychology Quarterly* 28, no. 2 (2013): 77.

- **Tier 1 (Universal):** Implementation of district-wide curriculum (e.g., digital and mental health literacy), family engagement and education, and school climate strategies.
- **Tier 2 (Targeted):** Brief and group-based skill-building interventions for students identified as at risk.
- **Tier 3 (Intensive):** School-based clinical supports and referral pathways for students with serious social media-related mental health concerns.

115.   This tiered framework takes years to develop and refine, particularly when paired with robust data collection systems and feedback loops.

116.   **Assessment and Adaptation.** The social media landscape evolves rapidly, with new platforms, viral trends, and online risks emerging constantly. A long-term district plan supports iterative assessment and adaptation over time through:

- Continuous needs assessments,
- Responsive adjustments to curricula and training,
- Piloting of new approaches based on real-time feedback from students, staff, and families.

Short-term initiatives lack the flexibility and infrastructure to adapt meaningfully to such dynamic contexts. Sustained planning ensures interventions remain relevant and effective over time.[121]

117.   **Longitudinal Outcome Measurement.** Many meaningful outcomes—such as improved student mental health, reductions in cyberbullying, and increased classroom engagement—require multi-year evaluation to be detected and attributed to school interventions. Studies of school-based mental health initiatives routinely emphasize the importance of multi-year data collection to track:

- Shifts in student behavior,
- Changes in school climate,
- Cultural adoption of new norms and practices.

118.   A 15-year plan allows for outcome measurement across developmental stages and provides the evidence base for ongoing refinement and investment.

119.   **Sustainability Planning.** The concluding phase of the strategic plan (years 14-15) focuses on sustainability planning by:

- Institutionalizing effective practices,
- Embedding efforts into district staffing, professional development, and budgetary cycles,

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[121] Kliethermes, M. D., Drewry, K., & Wamser, R. A. (2025). Trauma-focused cognitive-behavioral therapy. In Evidence-Based Treatments for Trauma-Related Disorders in Children and Adolescents (pp. 219-243). Cham: Springer Nature Switzerland.

- Scaling and adapting supports across schools based on evaluation findings.

These activities are essential to ensure long-term sustainability beyond initial implementation periods. Without this phase, many promising practices risk being lost or underutilized due to leadership turnover or shifting district priorities.

VII.   Districtwide and K-12 Approach for Effective MTSS Implementation and Sustainability

120.   The strategic plan should include a district-wide and K-12 approach for effective implementation and sustainability.

121.   **District-wide approach**: Research on large-scale education and mental health reforms consistently shows that fragmented, school-by-school approaches are significantly less effective than coordinated district-wide strategies.[122] Patchwork implementation leads to inequities in access to interventions, inconsistent fidelity, and diminished collective impact. In contrast, district-wide initiatives enable:

- Uniform policies, expectations, and messaging across all schools.

- Streamlined training and professional development to build shared competencies.

- Centralized data collection and analysis to inform responsive refinements.

- Greater economies of scale in resource allocation and capacity-building.

- Systemic culture change, which is difficult to achieve school-by-school.

Given the systemic nature of social media's impact—affecting students' mental health, academic engagement, and behavior across all schools—a coordinated district-wide plan is essential for equitable and sustainable change.

122.   **K-12 approach:** Given the documented early onset of social media use, it is imperative that any comprehensive school district initiative addressing the mental health and behavioral impacts of social media be designed to encompass the full K-12 continuum. Universal preventive strategies such as digital literacy education, life skills programs, mental health literacy curricula, and anti-cyberbullying initiatives must be integrated starting in kindergarten and be developmentally scaffolded through each grade level. In addition, mental health interventions across the full MTSS—including targeted and intensive services—must be prepared to address social media-related concerns such as anxiety, depression, peer conflict, and self-harm behaviors at all ages. Equally essential is robust family engagement and education programming, beginning in the early elementary years, to equip parents and caregivers with strategies for managing children's social media use and fostering safe, healthy online habits. Without a K-12 approach, school districts will be unable to effectively prevent and mitigate the growing mental health and educational impacts of social media on their student populations and their schools.

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[122] Century, J., & Cassata, A. (2016). Implementation research: Finding common ground on what, how, why, where, and who. *Review of Research in Education, 40*(1), 169-215.

VIII.   Conclusion

123.   Based on the totality of the evidence reviewed, as well as my professional expertise and experience, it is my opinion to a reasonable degree of scientific certainty that student social media use has had—and continues to have—a profound and detrimental impact on school districts, schools, the school environment, and students' mental health and learning. These impacts are well-documented in the scientific literature and corroborated by firsthand reports from educators, administrators, and school-based mental health professionals across the country.

124.   The harms associated with student social media use are broad in scope, including increased academic distraction, diminished face-to-face social skills, disrupted classroom instruction, decreased teacher morale, and a significant rise in mental health concerns such as anxiety, depression, self-harm, and body dissatisfaction. These effects place substantial strain on the educational system and require schools to divert limited resources away from core instructional priorities to address the mental health and behavioral consequences of social media use.

125.   Given the developmental vulnerabilities of children and adolescents, and the rapidly evolving and addictive nature of social media platforms, school systems are uniquely and unavoidably impacted. While schools are taking steps to respond, these efforts have been piecemeal and under-resourced. It is my professional opinion that a districtwide, comprehensive, 15-year strategic plan—grounded in the principles of public health and implemented through an MTSS—is necessary to prevent and mitigate the ongoing and escalating harms of social media use within school environments.

126.   This opinion is consistent with national mental health and education performance standards, aligns with established implementation science, and reflects the real-world needs articulated by school personnel across diverse educational settings. The burden on schools resulting from student social media use is significant and ongoing. Without targeted, sustained, and well-resourced intervention, school districts will continue to experience adverse effects on student learning and mental health, educator functioning, and the overall school environment.

The undersigned hereby certifies their understanding that they owe a primary and overriding duty of candor and professional integrity to help the Court on matters within their expertise and in all submissions to, or testimony before, the Court. The undersigned further certifies that their report and opinions are not being presented for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

Sharon A. Hoover, Ph.D.